

Supplemental Application Form, A-1

MINOR USE PERMIT

Serving of Alcohol

Please answer the following questions if you are a restaurant that will partake in the on-sale of alcohol.

1. Business Name: _____

2. Business Address (including the suite number):

Street	City	State	Zip

Unit # _____

3. Is your establishment new or existing?

New Existing

4. Will your establishment require a Type #23, #41, #47, or #75 license from the California Department of Alcohol Beverage Control (ABC)? If yes, indicate the Type #.

Yes No Type # _____

5. Has an ABC license been issued for the subject address, specific to your proposed suite unit? If yes, indicate which type and the year the license was issued?

Yes No Type # _____ Year _____

6. What type of live entertainment will your business include?

Acoustical Amplifier None

7. Does your establishment incorporate dancing?

Yes No

8. If you answered yes to question 6 and/or 7 please explain in further detail below.

Hours of Operations:

Below are the standard hours of operations allowed for the sale, service, and consumption of alcoholic beverages. In question # 10 please indicate whether you want to deviate from these standardized hours, and what the preferred hours are for your establishment.

Sunday – Thursday: 6 am – 12am

Friday and Saturday: 6 am – 2 am

9. What are the business hours of operation? _____

10. Are you proposing to deviate from the standard hours allowed for the serving of alcohol? If yes, please list the preferred hours below.

Yes No

Preferred hours of operation: